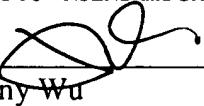


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Alexandria, VA 22313-1450

On 10/29/04

TOWNSEND and TOWNSEND and CREW LLP

By:   
Tiffany Wu

**PATENT**  
Attorney Docket No.: 022001-000940US  
Client Reference No.: P020

IFW

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

YULUN WANG ET AL.

Application No.: 10/666,922

Filed: September 18, 2003

For: GENERAL PURPOSE  
DISTRIBUTED OPERATING ROOM  
CONTROL SYSTEM

Examiner: Unassigned

Art Unit: 2816

**SUPPLEMENTAL INFORMATION  
DISCLOSURE STATEMENT UNDER 37  
CFR §1.97 and §1.98**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

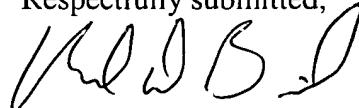
The references cited on attached form PTO/SB/08A and PTO/SB/08B are being called to the attention of the Examiner. Copies of the Foreign and Non Patent references are enclosed. It is respectfully requested that the cited references be expressly considered during the prosecution of this application, and the references be made of record therein and appear among the "references cited" on any patent to issue therefrom.

Also enclosed is a copy of the Search report corresponding to the European application.

As provided for by 37 CFR 1.97(g) and (h), no inference should be made that the information and references cited are prior art merely because they are in this statement and no representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information.

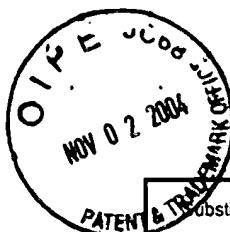
Applicant believes that no fee is required for submission of this statement. However, if a fee is required, the Commissioner is authorized to deduct such fee from the undersigned's Deposit Account No. 20-1430. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account.

Respectfully submitted,



Mark D. Barrish  
Reg. No. 36,443

TOWNSEND and TOWNSEND and CREW LLP  
Two Embarcadero Center, Eighth Floor  
San Francisco, California 94111-3834  
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MDB:ewm  
60344107 v1



<p>4 TRADE Substitute for form 1449A/PTO</p> <p><b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b></p> <p>(use as many sheets as necessary)</p>				<p><i>Complete if Known</i></p>	
<p>Application Number</p>		<p>10/666,922</p>			
<p>Filing Date</p>		<p>September 18, 2003</p>			
<p>First Named Inventor</p>		<p>Wang, Yulun</p>			
<p>Art Unit</p>		<p>2816</p>			
<p>Examiner Name</p>		<p>Unassigned</p>			
<p>Attorney Docket Number</p>		<p>022001-000940US</p>			
<p>Sheet</p>		<p>1</p>		<p>of</p>	
<p></p>		<p>2</p>		<p></p>	

Examiner Signature		Date Considered	
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<sup>1</sup>EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. <sup>2</sup> Applicant's unique citation designation number (optional). <sup>3</sup> Kind Codes of U.S. Patent Documents at [www.uspto.gov](http://www.uspto.gov) or MPEP 901.04. <sup>4</sup> Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). <sup>5</sup> For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. <sup>6</sup> Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. <sup>6</sup> Applicant is to place a check mark here if English language Translation is attached.



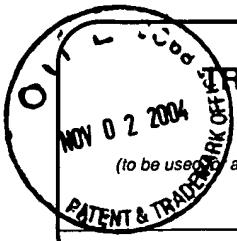
Substitute for form 1449B/PTO				<b>Complete if Known</b>	
<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>				Application Number	10/666,922
(use as many sheets as necessary)				Filing Date	September 18, 2003
				First Named Inventor	Wang, Yulun
				Art Unit	2816
				Examiner Name	Unassigned
Sheet	2	of	2	Attorney Docket Number	022001-000940US

<b>NON PATENT LITERATURE DOCUMENTS</b>				
Examiner Initials *	Cite No. <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.		T <sup>2</sup>
	AF	Stryker Endoscopy, "Sidne," Operating and Maintenance Manual, 33 total.		
	AG	Wilson et al., "Filmless PACS in a multiple facility environment," Proceedings of the Spie, Spie, Bellingham, VA, US, vol. 2711, pgs. 500-509 (XP002082137).		

Examiner Signature		Date Considered	
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EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached.


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FORM**

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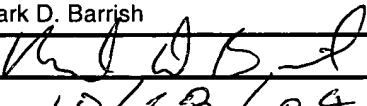
Total Number of Pages in This Submission

Application Number	10/666,922
Filing Date	September 18, 2003
First Named Inventor	Wang, Yulun
Art Unit	2816
Examiner Name	Unassigned
Total Number of Pages in This Submission	022001-000940US

**ENCLOSURES (Check all that apply)**

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Return Postcard
<input checked="" type="checkbox"/> Supplemental Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> PTO/SB/08A & PTO/SB/08B
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> 1 EPO Search Report
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Remarks	<input type="checkbox"/> 4 Reference Copies
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.	

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Townsend and Townsend and Crew LLP	Reg. No. 36,443
Signature		
Date	10/28/04	

**CERTIFICATE OF TRANSMISSION/MAILING**

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Signature		Date	10/29/04